



Open to current
6th, 7th, 8th grade girls

Come Join the fun! SET goals, DIG into skills, PASS expectations, and SERVE the Lord!

In lieu of a camp, NCS is offering skill clinics. The clinics will focus on building a solid foundation. They will provide the fundamentals of proper hand and foot work. More importantly, how to execute the skill successfully. The clinics are designed for all skill levels. Participants will walk away with new tools and drills to improve their game!

Pick one or all four! Each two-hour session is \$25.00. The sessions are run by the Nampa Christian High School volleyball staff. SIGN UP FOR ALL FOUR CLINICS AND GET **ONE FREE!!** All four sessions are \$75.00. BONUS: Add on the mini tournament for only \$10.00. This is a great opportunity for players to put their new skills into action. Add a custom NCS volleyball shirt for \$10.00.

Dates:

July 12 th – Passing 3:00pm – 5:00 PM	<input type="checkbox"/>	25.00
July 13 th – Setting 3:00pm – 5:00 PM	<input type="checkbox"/>	25.00
July 14 th – Serving 3:00pm – 5:00 PM	<input type="checkbox"/>	25.00
July 15 th – Hitting 3:00pm – 5:00 PM	<input type="checkbox"/>	25.00
July 16 th – Mini Tournament – 3PM-6PM	<input type="checkbox"/>	10.00
Custom T-Shirt COMPLETE FORM HERE	<input type="checkbox"/>	10.00

Discount (All 4 sessions): - _____

TOTAL: _____

LOCATION: NCHS – FLAMINGO CAMPUS GYM

DEADLINE: There is no deadline to sign-up. You can pay at the door. HOWEVER, if you want to purchase a T-shirt the payment deadline is by June 25th, 2021. T-shirts will be handed out at the clinic.

PAYMENT: Please make all checks payable to Nampa Christian. Card payments are accepted online. Remember to enter “MS volleyball clinic” into the notes **PAY ONLINE HERE**

WHAT TO BRING: Completed waiver and water bottle

If you have questions please contact Coach Keri Tinsley (ktinsley@nampachristianschools.com) or Coach Suzi Hoover (rnhoover.s@gmail.com)

NCS CLINIC RELEASE / WAIVER
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF (Name of Child) _____ my child, being allowed to participate in any way in NCS volleyball skills clinic, the undersigned acknowledges, appreciates, and agrees that:

NCS skills clinic / Nampa Christian (NCS) has put in place preventative measures to reduce the spread of COVID 19 in compliance with the directives and guidelines from the Governor and SWDH. NCS skills clinic and/or NCS cannot guarantee that you or your child(ren) will not become infected with COVID 19. You and/or your child(ren)'s attendance/participation is voluntary. All attendees and participants are required to follow all safety guidelines set forth by the above referenced. Failure to comply will result in termination of participation with no refunds.

I, on behalf of my child, am aware that participation in the NCS volleyball skills clinic has some inherent risks associated and that my child may be injured as a result of an accident arising out of participation. On rare occasions these injuries can be serious and result in death.

I, FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation.

I willingly agree to comply with the program's participation terms. If I observe any usual significant concerns in my child's readiness for participation and/or in the program itself, I will remove my child and speak to an NCS employee.

I, for myself, my spouse, my child, and on behalf of my/our heirs, HEREBY RELEASE AND HOLD HARMLESS NCS skills clinic; its directors, officers, officials, agents, employees, volunteers, other participants, Nampa Christian Schools, and if applicable, owners and lessors of premises used to conduct the event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident my child's involvement or participation in these programs WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by the law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, give NCS skills clinic and/or Nampa Christian Schools permission to administer first aid or arrange for transportation to a medical facility if the agents and/or official deems there to be a medical emergency. At that time, medical treatment may be given to my child. However, no action shall be taken until an attempt is made to contact me at the phone number(s) given in the registration form. I understand that my insurance company and/or I will accept all medical expenses.

I am not aware of any injury, illness, and/or other health related injuries that would restrict or limit my child's ability to play competitive sports.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____

Date _____